

UNIVERSITY OF CAPE COAST

IMPROVING STUDENT NURSES' PRACTICAL/CLINICAL SKILLS  
THROUGH PRECEPTORSHIP IN THE BAWKU PRESBYTERIAN  
NURSES TRAINING COLLEGE

DARBO MAHAMA

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NURSES TRAINING COLLEGE

BY

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Education, University of Cape Coast in partial fulfilment of the requirements for  
the award of Master of Education Degree in Educational Administration

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## DECLARATION

### **Candidate's Declaration**

*I hereby declare that this dissertation is the result of my own original work and that no part of it has been presented for another degree in this university of elsewhere.*

Candidate's Signature:..... Date.....

Name: Darbo Mahama

### **Supervisor's Declaration**

*I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.*

Supervisor's Signature:.....Date:.....

Name: Professor Andrew Amuzu-Kpeglo

## **ABSTRACT**

The main objective of this study was to use preceptorship to improve the practical performance of student nurses in Presbyterian Nurses Training College, Bawku, which would bring about improvement in the quality of nursing care.

Sixty student nurses were selected through purposive and random sampling from the final year class of the College for the study. The data collection instruments used were the questionnaire and rating scale used by the Nurses and Midwives Council of Ghana for student nurses assessment.

The study was an action research so the instruments were used in both the pre-intervention and post-intervention phases. The students were made to carry out demonstrations in the wards where they were rated and the pre-intervention questionnaire administered. After this they were supervised by six preceptors and later rated and the post-intervention questionnaire also administered and analysed to find out the extent to which the intervention had helped to improve the performance of student nurses in the college. The duration of the study was two academic terms.

It was realised from the results that preceptorship had positive impact on the performance of student nurses as most of the post-intervention results were better than the pre-intervention results. From the results of the study, the researcher recommends that there should be a preceptor model instituted in the Bawku Presbyterian Nurses Training College to bridge the gap between theory and practice in the clinical area which could lead to improvement in standard of nursing care to meet contemporary times of modern Ghana.

## **ACKNOWLEDGEMENTS**

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Finally, I also wish to thank the authors of the books and magazines I used for the literature review and hence as reference materials.

## **DEDICATION**

I dedicate this work to my family members: Azara, Razak, Fuseina, Assana, Masa-Ud and Sharifa. I also dedicate it in memory of my late wife, Adisah.

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## **CHAPTER ONE**

### **Introduction**

#### **Background of the Study**

In Ghana, problems in providing high quality supervision have been identified within the Health Training Institutions. Quality clinical supervision is fundamental for the consolidation of knowledge and the development of professional competence in nursing practice. Nursing education literature in England is of the belief that, the most effective way for students to integrate theory into practice is through the use of preceptors (Pierce, 1998). The preceptor concept has been in operation since the 15<sup>th</sup> century. The word preceptor was used in England to refer to an instructor or a tutor (Pierce, 1998).

Preceptorship is defined as “an individualised teaching /learning method in which each student is assigned to a particular preceptor”, so that she can experience day to day practice with a role model and resource person immediately available within the clinical setting (Chickerella & Lutz, 1981). The aim of preceptorship is to develop the student’s level of competence beyond the traditional education as clinical competence is important to nursing practice (Nordgren, Richardson & Lawrella, 1998).

Preceptor programmes provides opportunities for students to resolve inaccuracies in nursing role conceptions, to integrate selected aspects of nursing education and practice, and to practice in actual work setting with the supervision

of a professional nurse. The experiences are designed to enhance both academic and organizational role socialization for the student through additional learning (Nordgren, et al, 1998).

During the process of the preceptorship experience, the student is guided by a preceptor who is a registered nurse in caring for assigned clients. Initially, the student and preceptor work closely together. As the student develops greater confidence and competence, she is allowed more independence. The preceptor assists and supervises the student nurse when the need arises and gives feedback to the student concerning organizational skills, client care, psychomotor skills and problem solving (Davis & Barham, 1989). The student in addition, attends seminars or classes designed to supplement her clinical experience.

In the clinical areas, trainees are expected to be assigned to preceptors who are professionally competent and experienced as well as educationally stimulating for students. The preceptors were expected to be readily available and approachable in clinical areas in order to assist students, in gaining competency in the practice of nursing procedures. Qualified preceptors are hard to find and the difficulty in recruiting them is a world wide problem as acknowledged by the American Association of Colleges of Nursing (AACN) in a paper entitled: "Nursing Education's Agenda for the 21<sup>st</sup> century" (AACN, 1999).

Use of preceptors will act as one way to provide clinical experience for Registered General Nursing students and bridge the gap between educational programmes and the reality of the work place since preceptors serve as role models and provide direct teaching, support and guidance to the preceptee.

Unfortunately, there are no preceptors in the clinical areas to assist the student nurse during ward practice and orientation.

### **The History of Nursing**

Nursing as a profession seeks to promote, maintain and restore the health of the individual through a dynamic interpersonal process of assessment, planning, implementation and evaluation of health care. Nursing is basically practice – based, thus necessitates the development of practical, interpersonal and communicative skills and attitudes for the delivery of care to clients (Deloughery, 1991).

In the colonial era, the training of nurses began as apprenticeship in the hospital setting and was therefore controlled by the hospitals. Nurses were trained to be subservient to doctors, some of whom were the educators. The doctors were initially assisted by male orderlies who performed the basic patient care such as washing and feeding of patients. After independence, the training continued to be under the control of the hospitals, though it was more structured than before.

According to Addae (1996), concrete efforts to provide facilities for training nurses started in the 1940s to produce African nurses to feed the health service setup. This brought about the starting of the training of State Registered Nurses in 1945 in Kumasi within rented premises. Subsequently, another facility for nursing school was built in Accra at Korle-Bu. The trainees used the general hospitals for their practical training.

In August, 1970, the S.R.N. training curriculum was modified and introduced in the existing S.R.N schools as a Comprehensive Nursing Programme.

The aim was to produce a polyvalent nurse who could provide service, not only at the bedside in the hospital, but also in the community towards health promotion, disease prevention and rehabilitation of individuals. To meet the objectives, the curriculum was expanded to include specialized areas such as public health, obstetric and psychiatric nursing. Student nurses were affiliated to institutions for the specialised areas like psychiatric hospitals and maternity units, to learn the relevant and special nursing skills.

To qualify as a Registered Nurse, the student first needed to sit and pass the preliminary examination after the first year and pass the final state examination at the end of the three years training. The SRN could upgrade herself by taking a specialization course in fields such as nursing education, nursing administration, public health nursing, psychiatric nursing and midwifery. The Nurses and Midwives Council of Ghana introduced the Registered General Nursing (RGN) programme in 1999, at the diploma level, to be run in the Nurses Training Colleges (N.T.Cs) that were training SRNs. The SRN and RGN programmes ran side by side till such a time that the SRN programme was phased out.

The introduction of the diploma programme, while meeting the requirements of the national educational reforms aimed at establishing the Regional Colleges of Applied Arts, Science and Technology (RECAAST), was also to raise the standard of nursing education to produce the calibre of personnel who could eventually staff the universities (Akiwumi, 1994). The semester unit system was also adopted for the RGN programme, reducing the length of training



from three complete years to six semesters of 18 weeks each (NMC, 2003). During each week, students with “field work” on their time table are assigned to the hospital wards to practice nursing skills taught in the classroom and demonstration room.

Field work, by the Nurses and Midwives Council of Ghana standards, should be of at least six hours duration on the ward. Following the classroom teaching of the theory, students are introduced to practical procedures in the demonstration room where they observe the tutor performing a procedure. After the demonstration, the students try their hands on a dummy for a return demonstration.

The six hours per week arrangement is to ensure that students have the opportunity to practise taught skills for procedures successfully on live beings. In addition to the weekly ward practice, students are assigned to the wards for at least four weeks practical nursing during the inter-semester breaks. Practising in the hospital environment enable students to learn and acquire the attitudes and skills desired (Smith, 1991). The practical nursing component is important and must be supervised to ensure that the students do the right things and pose no danger to clients. The role of the preceptor is to supervise the student attached to her ward for the development of practical skills towards competence. For the purpose of supervision some nursing schools have identified and trained interested qualified nurses to supervise the activities of the students in the clinical area.

During the four weeks clinical attachment, which is an extended exposure to practical patient care, student nurses who are committed to using the time for

the intended purpose, develop the necessary skills and attitudes for good nursing care. Moore (1986) expressed the sentiments that, for a profession like nursing, theory should be followed by adequate practice as inadequate practice will result in an inadequately educated person. In recent times, concerns have been expressed about newly qualified nurses performing below the expected standard of nursing practice.

A profession that trains for practical work requires supervision of its trainees. Clinical supervision in the context of nursing schools is termed 'preceptorship and involves the presence of the qualified professional nurse by the student as she learns to acquire skills of practice. It is ideal to have a clinical supervisor to follow the students to the ward to supervise them on the job. In the absence of a clinical instructor, preceptors are trained by institutions to supervise students learning on the wards.

In the absence of preceptors then it is the responsibility of the head nurse on any ward to guide student nurses sent there (Brown, 1992). She may delegate some aspect of the supervision to effective staff nurses who can be trusted to assist students to learn from their expertise.

Between nurse-clinicians and tutors, there has been a long standing disagreement on who should supervise students on the wards. Some clinicians insist that tutors should follow their students to the wards to see what they are doing. Tutors on the other hand maintain that clinicians, being the people working at the bedside should supervise students when they are sent to the ward for practical experience.

Since the past decade, the image of nursing in Ghana has been falling at a steady rate due to poor care given to the sick and the healthy in the hospitals, clinics, health centres and health posts. This has been and continues to be a major concern from all and sundry especially nurse educators.

The researcher, who is a nurse educator, is speculating that nursing education in Ghana, like those in most other countries in the world, has undergone several changes from colonial times to the present age. Perhaps these changes are all part of an attempt to make the nursing profession serve the needs of the population, by shaping the nursing curriculum in ways that would enable the modern day nurse to respond adequately and appropriately to societal needs.

One wonders whether because of the changes, the profession has moved from the mere handmaiden through the averagely educated to the present day nurse, who is expected to be academically oriented and well equipped to perform highly sophisticated procedures in a diversity of situations. Opare (1996), talking about the professional role in nursing, states among other things, that “what was once a technical procedure – based apprenticeship has become a professional with a research-based practice” (p. 72). Nurse educators also feel that the training style has shifted from the on-the-job training to hospital based academic and professional institutions of nursing, and lately, detachment from the hospital set-up into more formal university education on campuses.

## **Statement of the Problem**

In recent times, there have been many complaints channelled through television, radio, news papers and unpublished articles about the poor nursing care given to patients. The study was based on the idea of the role of nursing preceptors in the practical component of nursing education at the Bawku Nurses Training College. It is being postulated whether the use of preceptors would improve the practical approach to the practice of nursing.

## **Purpose of the Study**

The purpose of this research was to investigate into the use of preceptors as a solution to the poor practical performance of nurses. The belief is that, the use of preceptors will structure the students' individual learning needs towards clinical competence, so as to meet the challenges of health and raise the standard of nursing care.

The study aimed at evaluating the effectiveness of preceptors and to find out whether the intervention of preceptors would be a means of maintaining and improving the quality of client / patient care. Perhaps, the intervention of preceptors may balance theory and practice so as to determine the extent to which practical nursing today may be of good quality. The purpose was also to make recommendations that will help the authorities to solve the problem of students' practical performance in the clinical area.

## **Research Questions**

The study sought to answer the following research questions:

1. What assistance do student nurses get from qualified nurses on the ward?

2. How will the use of preceptors improve the practical competence of the student nurse?
3. What is the impact of access to equipment and materials on the competence of student nurses?
4. What are the factors that hinder students' performance in the practical setting?
5. What can be done to improve on the standard of nursing care rendered by student nurses to patients in the wards?

### **Significance of the Study**

The researcher believed that conducting the study may improve nursing practice at the clinical area, which will go a long way to benefit patients and the society. It would also provide a base line data for decision – making for nursing faculty and administrators.

Again, the findings of this study would hopefully form the bases for; broadening the knowledge base for the tutors who teach the students, conscientizing the authority and tutors of the college whose responsibility is to ensure that there is smooth transition from theory to practice through proper supervision by preceptors and making suggestions for further research to improve or enhance practical nursing nationwide.

Furthermore, the findings would be beneficial to the Ministry of Health (M.O.H) to re-enforce their policy on human resource development, especially that of preceptors, the Presbyterian Church of Ghana (P.C.G)

and Christian Health Association of Ghana (C.H.A.G) as they have a stake in the Bawku Presbyterian Nurses Training College.

Finally, it will be submitted to the department of Graduate studies, Faculty of Education of the university of Cape Coast (U.C.C.) in partial fulfilment of the requirement for the award of master's degree.

### **Delimitation of the Study**

The researcher would have wished that, the authorities of the hospital will deploy preceptors at all the various wards at Bawku Hospital but this approach would have been very expensive and time consuming. It would also create shortage of senior nurses on the wards if they were removed from their various work places.

The coverage of this research was confined to Male and Female surgical wards of the Bawku Hospital in the Upper East region. The findings are therefore confined to Bawku Hospital environment.

### **Limitations of the Study**

Dummies were used by the students to put into practice what they learnt in the classroom about wound dressing therefore some of the steps could not be well ascertained. For example, explaining the procedure to the patient and making the patient comfortable. Feed back could not be received from the dummies to know whether they have consented to the treatment rendered to them or whether they were actually made comfortable.

I would have liked to continue this study after the students involved in the study had graduated and become workers so as to find out whether the

intervention of the preceptors had positive impact on their practical approach to the practice of nursing. Unfortunately, after graduation the students would be distributed to all regions and it would be difficult to follow them at their various work places to find out the positive impact of Preceptorship on them after they have become workers.

There are also a few limitations that the researcher tried to control but was not able to eliminate completely. Using student nurses in the study could pose a problem especially in the area of clinical assessment. The idea of having been selected to participate in the research could affect their performance. They may try to impress the assessors and perform better than they would normally have done.

To reduce this halo effect, they were not given any prior knowledge of what procedure they were going to perform before the intervention. This reduced the possibility of the students becoming anxious which could affect their performance. This, the researcher tried to control by explaining that the assessment was purely for research purpose and that they were not being assessed or graded for examination. Though no obvious signs of anxiety were observed in the student nurses, these factors were difficult to assess and so could not be eliminated completely.

### **Operational Definitions of terms**

The researcher sought to clarify and define variables being used in the research. This will have the advantage of communicating exactly what the terms mean in the study to those who may read it.

1. **Clinical setting:** This involves the environment at the hospital where patients or clients are looked after by nurses and doctors. (The student nurses also use this environment for their practical experience).
2. **Clinical Competence:** This is the ability to utilise the problem solving process, apply theory to practice and perform psychomotor skills.
3. **Preceptorship :** This is a one-on-one learning experience in the clinical setting where by the student nurse is paired with a senior nurse who will guide and supervise the nurse.
4. **Preceptor:** A nurse who is trained to carry out Preceptorship work.
5. **Theory – Practice Gap:** This is a dichotomy between theory which is taught in the College and practice which is carried out on the ward.

### **Organisation of the Study**

The study is organized into five chapters. Chapter One deals with the background to the study, statement of the problem, purpose of the study, research questions, significance of the study, delimitation of the scope of the study, limitation of the study, definition of terms and organisation of the study.

Chapter Two deals with the literature review and it is organised under the following sub-headings; the concept of preceptorship, importance of preceptorship, practical approach to preceptorship, role of preceptors and problems and threats to preceptorship.

Chapter Three deals with the methodology of the study, which covered issues such as the research design, population, sample size and sampling methods



used. The research instrument used, data collection procedure and the data analysis plan were also discussed in this chapter.

Chapter Four embraces the findings and analysis of data collected for the study whilst Chapter Five deals with summary, conclusion and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **The Concept of Preceptorship**

Fox (1980) believed that the concept of preceptorship or mentorship is not a new one. It owes its origin to Greek “Mythology” in which Odysseus was reputed to have been a mentor who was a wise and trusted counsellor. Fox continued that, it was first envisioned in the 1940s and its role was viewed as fulfilled by a nurse possessing advanced knowledge in a specialized area of clinical practice for the explicit purpose of providing improved patient care.

Preceptorship is defined as an individualized teaching and learning strategy, in which a student nurse is assigned to one specific preceptor for a period of time in the clinical setting so that she can experience the day to day practice with a resource person immediately available within the clinical setting (Chickerella & Lutz, 1981). Myrick (1988), observed that, although, nursing literature reflects the belief that preceptorship is a recent approach to clinical teaching, historically, this is not the case. Preceptorship has been an integral component of the nursing profession. He also notes that, as far back as 1882, Florence Nightingale emphasized that the first year of practical and technical training for nurses was to take place in the hospital under the supervision of those nurses who have been trained to train. Myrick (1988) further asserted that more and more faculties in universities and diploma schools of nursing in Canada and

United States of America are resorting to the use of preceptors for clinical training of students.

Jackson (1995), stated that the concept of preceptorship is concerned with the students acquisition of skills and application of knowledge over the entire period of the training programme of the student, and that the student's personal tutor acts as a facilitator.

Many researchers have mentioned the concept of preceptorship, Pierce as cited in Nordgren (1998) commented that, preceptorship is a one-to-one learning experience in the clinical setting when the student is paired with a qualified nurse who guides her. He also suggested that traditional apprenticeship model serves to divorce theory from practice as it encourages students to view theory in relation to college work and practice as ward work. Benneh (1984) also indicated that a significant proportion of the acquisition of skills in nursing is not through classroom but by working with expert role models who demonstrate excellence in practice. Nederveld (1990) also stated that the criteria for preceptor selection usually are based on one to two years of clinical experience.

### **Importance of Preceptorship**

Ferguson (1994) stated that nurse educators value preceptonal clinical experience as an effective means of acquiring skills through exposure to the expertise of registered nurses in the clinical area. In recent times, a lot of discussions have taken place on the importance of using preceptors in nursing programmes. Several concerns have been expressed about the need to explore this system properly in order to achieve its benefits. A survey conducted in the United

States of America on nursing education programmes showed evidence that preceptorship is being practiced in all their states (Lewis, 1990).

Many have commented on the benefits of preceptorship. Spears (1986) indicates that preceptorship helps the student make a transition from the role of a student to that of a worker while reality shock is minimised and the student also acquires the necessary competence for high quality care.

Scheetz (1989) in a study indicated that students who were preceptored in a summer programme were more clinically competent than their counterparts who worked without preceptors. He further mentioned that preceptorship bridged the gap between nursing education and nursing service because there is frequent interaction between the two when using this model. Other benefits of preceptorship to the student include increase confidence and competence in the practice setting and in-depth understanding of the role through exposure to everyday practice. It was also contended that the preceptors might find out that their role brings status, recognition and expert practice, increased job satisfaction, increased learning and advancement of practice. These have been supported by a study in which a group of nurses who functioned as preceptors for three years, all except one wanted to continue with the experience (Goldenberg, 1988).

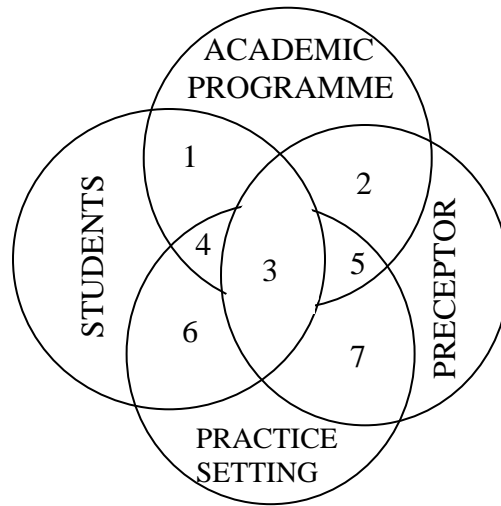
Myrick (1988) said that preceptorship provided the student with individualized attention, which was believed to increase her clinical efficiency. Scheetz (1989) commented that preceptor programmes have been evaluated as having a positive impact on role satisfaction and quality care. He also stated that the challenges facing nursing educators is to assist the practising nurse in making

the necessary link between the academic knowledge of nursing process in theory and the application of this knowledge in the clinical setting.

The importance of preceptors according to Crowther (1991) may be viewed as being reliant upon the preceptor and student recognizing that learning is based upon a partnership approach. Fox (1980) expressed that, the recognition of clinical learning as personified in preceptorship has now been acknowledged with an Accreditation for Prior Experiential Learning (A.P.E.) frame work which can count toward formal recognition at diploma or degree level within nursing. Some authors / researchers believe that there are also benefits for academic programmes and practice setting in involvement in student education.

Hillestad and Hauken (1987) believed that the benefits to academic programmes include opportunities for students to work with other care providers, to gain organisational experience and to benefit from staff member feed back and evaluation. In addition, practice setting gain opportunities to recruit staff from among students for skill maintenance and job enrichment for their staff.

Davis and Barham (1989) illustrated the interdependence and mutual benefits of the experience for the setting and the preceptor with a diagram.



*Source: Nursing Outlook 37, (4)*

**Figure 1. A Diagram of the Interdependence of Experience,  
Practice Setting and the Preceptor.**

**KEY**

1. Academic role socialization
2. Teacher mentor enhancement
3. Preceptorship
4. Professional role socialization
5. Professional role expansion
6. Organizational/leadership role enhancement.

Opare (1996) asserted that preceptorship has multipurpose functions and these are:

1. Using SRNs in Ghana as preceptors would be cost effective in terms of students, faculty and staff time.

2. Preceptorship helps the students make a transition from the students' role to that of a worker.
3. Preceptorship lessens reality shock when the student is initially employed after graduation and gives the student the necessary competence for high quality care.

Bloom (1987) stipulated that a student can achieve higher levels of learning and educational outcomes when certain conditions exist. For example, when a student is given adequate time to complete the learning experience, when alternative learning resources are available to the student and when the quality of instructions approach the optimum for the learner. Preceptorship in the researcher's opinion can be an alternative learning resource which can promote the integration of skills and thereby contribute to quality patient care.

### **Practical Approach to Preceptorship**

Gallagher (1989) asserted that for a preceptorship/mentorship to be successful as a relationship, "it usually requires a common spark between the individuals or perhaps, the more senior person to be reminded of his or her own junior days within the profession"(p:12). Lee (1989) supported Gallagher's analysis by describing preceptorship as the ability to create a one-to-one relationship with empathy and understanding and yet to be able to maintain professional objectivity.

Spencer (1983) indicated that mechanisms must be structured not only to evaluate the achievement of the student's learning objectives but also to enhance evaluation of the contributions of the faculty, preceptor, academic programme and

practice setting. Spencer continued that this form of evaluation should be formative (i.e. it should be done at different points during the experience), as well as summative (i.e. it should be planned from the beginning).

Opare (1996) postulated that clinical teaching is an area of nursing education in Ghana, and the Sub-Region in general in which many changes are needed. She continued that the instructor-student ratio is usually about 1:20 but may often be higher. The practice in Ghana is to attach the student to a unit, without naming specific nurse as preceptor. Thus, while the function of the preceptor exists, the role have not been defined or recognized and accountability for student learning is diffused among all staff.

Opare continued, that in Ghana, newly qualified nurses are made to go through another one year programme known as “orientation programme” as a strategy to increase their clinical competence. Opare believed that the financial and time constraints in the “orientation programme” should be appraised and correlated with preceptorship model.

Yonge (1994) carried out a quasi-experimental study to investigate the effect of preceptorship on the clinical competence of basic baccalaureate nursing students. This study was part of a three week pilot project in which preceptorship was implemented in the fourth year of a basic baccalaureate nursing programme. In the control group, students were taught in the clinical setting by a member of the faculty of a university school of nursing, while students in the experimental group were individually paired on a one-on-one basis with preceptors who were



selected from hospital staff nurses. The study did not find any over all difference with the performance of either group.

Ovellet (1993) on the contrary, also conducted a study and found out that students with preceptors had a significant practical experience than their counterparts who did not have any preceptors. This suggests that educational preparation of preceptors may have some influence on the students' performance. The need for 1,248 hours of clinical experience prescribed by the Nurses and Midwives Council (N.M.C) of Ghana is a factor being questioned on the argument that prescribing hours for clinical practice does not guarantee competencies.

Although, this statement appears valid, according to Glickman (1985) equally true is the observation that competencies can not be developed in the absence of calculated measures to the learner. In the absence of alternative measure visibly in place to ensure achievement of desirable programme outcomes, the system of specified numbers of hours in the clinical practice, if properly utilised, tends to be one reliable approach to the achievement, particularly of dispositional knowledge and skills.

### **Role of Preceptors**

According to Fowler (1996), the role of the clinical preceptor has been identified as orientation of students to work environment, socializing to the unit, supporting students as they learn in their clinical setting, teaching and evaluating the clinical competence of students. The role and function of a preceptor as defined by the English National Board for Nursing (2001) is to assume responsibility for students' learning in the practical setting, and the assessment of

competencies to demonstrate the extent to which learning outcomes have been met. The preceptor, ENB continues, facilitates students' learning across pre and post registration programmes. She supervises, supports and guides students in practice institutions and non – institutional settings and implements approved procedures.

Davis and Barham (1989) expressed that the preceptor functions as a teacher and guide for the neophyte nurse, therefore, the programme provides opportunities for the student to resolve inaccuracies in nursing role conceptions. It also integrates selected aspects of nursing education and practice in an actual work setting with the supervision of a professional nurse.

### **Problems and Threats in Preceptorship**

Even though, there are positive disposition towards preceptorship, one of the interviewers a hospital service manager of an unidentified hospital in Manchester in an unpublished report: An evaluation of clinical supervision and mentorship in England and Scotland, reported:

If everyday was having supervision of some sort and theoretically should have it if they want it, I don't know how we would fit it all in. It is easy for me to do it as the manager, to come down and take three quarters of an hour to an hour of sister's time. But if everybody was doing it, we just couldn't manage, I don't think so.

(p25)

Similarly, a co-ordinator in the same unpublished article confirmed his feeling indicating that:

I can tell you that, the name preceptor sounds more of a clinical supervisor. This cause so many problems that I can not begin to tell you. People don't want to be thought of as being supervised, they feel they are looking, spying on them, you are trying to see where they are going wrong, you are not in the capacity of an interested professional trying to support them and this enhances their quality, skills and knowledge. (p. 27).

Fentz (1991), however, stated that “even though, there is shortage of staff, remember that patients don't give up their rights to competent nursing care when the hospital is short – handed”. (p54). Fentz continued that, at the beginning, the preceptor may need to be preceptored and therefore, there should be creation of a support system to give structure and direction to the preceptor so that it becomes an on-going process. Such a system is crucial to prevent ineffectiveness, loss of commitment as well as insecurity. At this moment, the issue of preceptors should be rejected because it rather compounds our problem.

Nordgren (1998), in a pilot project that used preceptors for clinical teaching of beginning nursing students, expressed positive aspects of preceptorship, conversely, the same pilot study came out with some negative aspects by some individuals:

It was too slow at times, I wanted to be involved at a more intense pace, I was too busy to take breaks, I was supervised too closely and would have liked more opportunities for advanced skills and I was embarrassed when the preceptor chuckled at my inability to connect a tubing (p. 31).

## **Summary**

The surveys of various literatures have shown that there are many advantages of the preceptorship model. These include; increase student confidence, promotion of the integration of skills with the realities of clinical practice and the opportunities for students to expand their knowledge base with experience to enhance their performance at the clinical setting.

Clinical supervision of student nurses is a requirement for successful development of clinical skills by trainees. Personnel qualified or given the responsibility to supervise trainees are given various designations depending on the country of practice and type of institution.

Clinical supervision has objectives and requires collaboration between school and clinical area for effectiveness and achievement of goal. The supervision process also requires a partnership for responsibility on the part of both students and preceptors if it should be successful (Bastable, 2003).

The literature on clinical supervision expresses varied opinions of nurses and practitioners on the effects and benefits of preceptorship with regards to improvement in the clinical performance of the supervised. Preceptorship has been described in varied models in various clinical specialty areas. Benefits have not been to only nurses or care givers but also to the clients and patients in the clinical settings where efforts have been made to implement supervision of inexperienced nurses and students.

Differences in opinions about the usefulness could be attributed to research findings considering that the results of research depend on methodology and

interpretation among others, there is the need to do more research into the area of clinical supervision.

In Ghana, where a relatively new curriculum for Registered General Nursing (RGN) training is in operation, the need for adopting clinical supervision seems appropriate and must therefore be an area for extensive research in our situation.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Research Design**

The researcher resorted to action research as the research design because he wanted to find out whether preceptorship would have any positive effect on improving student nurses' practical skills.

Elliott (1991) defines action research as “the study of a social situation with a view to improving the quality of action within it” (p.69). He stressed that it offers a research design which links the research process closely to its context, and is predicated upon the idea of research having a practical purpose in view of leading to change.

Stenhouse (1979) also emphasizes that Action Research should contribute not only to practice but a theory of education and teaching which is accessible to their teachers. Action research as pointed out by Stenhouse, is a means of remedying problems diagnosed in specific situations, or of improving in some way, a given set of circumstances. He points out that action research is suitable for work in schools because of its flexibility and adaptability which are revealed in the change that may take place during its implementation.

## **Research Setting**

The research was conducted in the Bawku Presbyterian Hospital wards using students from the Bawku Presbyterian Nurses Training College, which is located within the hospital compound.

The hospital is located in the Bawku East Municipality in the north eastern part of Upper East Region of Ghana. The Municipality shares borders with Garu District in the south, Togo in the east, Burkina Faso in the north and Zebilla District in the west.

The land is flat with scattered hills and the vegetation is the savannah type and they experience two seasons, i.e. the dry and rainy seasons.

According to the last population census conducted in 2000, Bawku Municipality had a total population of 321, 691 with population growth rate of 2.4% and fertility rate of 23%. The main ethnic groups of the area are Kusasis and Mamprusis even though there are others like the Busangas, Moshies, Hausas, Fulanis and Dagombas.

They celebrate the “Bugum” and “Samanpid” festivals yearly. The former is celebrated using locally made fireworks whereas the latter is celebrated during the harvest season where feasting and merry making are carried out. The people are mainly farmers but they have other professionals like teachers and nurses.

The Bawku Presbyterian Hospital was commissioned in 1953 by Major G.N. Burden (Chief Regional Officer) and has a working population of about 257 of which 114 are nurses.

Presently, it has the following departments; Out Patient Department (O.P.D), Male medical ward, Male surgical ward, Female medical ward, Female surgical ward, Children's ward, Maternity ward, Emergency ward, Operation theatre, Chest ward, Laboratory unit, X-ray department and Eye unit.

The hospital serves as a referral centre for two health centres, four health posts and two maternity homes in the Bawku Municipality.

There are also the following schools in the area; one Nurses Training College, one Teachers Training College, two Senior High Schools, eight Junior High Schools, fifteen Primary Schools and four Preparatory Schools.

### **Research Population**

The population comprised all students of the Bawku Presbyterian Nurses Training College and all the nurses of the Bawku Presbyterian Hospital. The population of the student nurses is 300 and that of the nurses is 114, totalling 414.

### **Sampling and Sample Size**

The deliberate and purposive sampling of the none-probability sampling technique was used to select the six preceptors, because of their high achievements at the clinical area; their ability to function as role models, their excellent verbal and communicative skills, 5 – 10 years post graduation experience as well as accepting to participate in this research. The hospital matron and the in-charges of the various wards helped in the selection of the preceptors.

The same purposive sampling method was used to select the class that was used for the study. The final year students was used for this study because they



have gone through all the nursing procedures with their course tutor at the college and have also gone for clinical experience several times. Also, the final year students were available to the clinical setting at the time that the research was carried out.

Lastly, out of the 100 students in the final year, a simple random sampling was carried out to select 60 student nurses who actually took part in the study. This was done using the lottery method where the list of all students in the final year was obtained and their names written on pieces of paper, folded and put into a box. The box was shaken and turned upside down several times so that the papers were well mixed. Then a volunteer was invited to select 60 pieces of papers from the box. The names on these selected papers were the names of the student nurses who took part in the study.

### **Research Instruments**

After getting the samples, the next step was to employ appropriate research instruments to collect data from the sample both pre-intervention and post-intervention.

The instrument used for this research is a Questionnaire, which was designed to collect data. A rating scale was also used to rate the actual practical performance of the student nurses in pre-intervention and post-intervention phases.

The Questionnaire was constructed in such a way that it contained both open ended and closed ended questions. It consists of the following portions:

- **Introductory statement:** this described the purpose of the questionnaire, the information to seek and how it will be used. It further explained to the respondents that the information was anonymous and that it will be kept in confidence.
- **Demographic questions:** Age, sex, educational background and religious status were assessed. These were asked first since they are easily answered and they act as a “warm up” to the questions that followed.
- **Factual questions:** it was easier for respondents to answer direct factual questions than opinion ones.
- **Opinion questions:** these needed reflection and so they followed after the respondents were “warmed up” with the factual questions.
- Closing statement and commendations.

### **Validity and Reliability of the Questionnaire**

Validity means the extent to which a test measures what it is to measure and reliability implies the extent to which the test or measurement results can be reproduced or replicated. The validity and reliability of observations and measurements are fundamental to the characteristics of a good research.

In order to ascertain the validity and reliability of the instruments, they were submitted to my supervisor who made some comments and provided suggestions for improvement on the instruments. In addition, the instruments were pilot-tested on a number of second year student nurses in the Bawku Presbyterian Nurses Training College.

Another research instrument used was the rating scale which was already structured by the Nurses and Midwives Council of Ghana to score student nurses on their performance while performing the skill in carrying out wound dressing (rating scale is attached as Appendix C).

### **Data Collection Procedure**

#### **Pre-Intervention Phase**

The researcher administered the research instruments himself and he obtained an introductory letter from the supervisor to enable him carry out the research in the targeted institution.

He discussed with the matron of the hospital as well as the in-charges of the various wards and this was followed with a letter seeking permission to use the wards for the practical performance. The matron and the ward in charges helped in the selection of the preceptors for the study. A meeting was organised with the preceptors to explain what would be involved in the study, their responsibilities and expectations. A copy of the rating scale was given to each preceptor to scrutinize it and offer their comments. Emphasis was placed on the importance of the technique in carrying out the wound dressing.

A conference was organised involving the researcher, preceptors and the students selected to establish rapport.

The 60 students were shared among the six preceptors after which three groups were sent to the Male Surgical Ward and the other three groups were sent to the Female Surgical Ward. These two wards were chosen because the patients

in these wards were operated upon and so almost all of them were on daily wound dressing.

The preceptors used two weeks to assess the selected students under their care as they carried out wound dressing using the rating scale provided. The pre-intervention questionnaire was then administered to the selected students by the researcher himself. The responses were collected in three days time.

### **Intervention Phase**

A day was set aside for each preceptor to demonstrate the skill of wound dressing, observing aseptic technique to the respective groups under their supervision. In order to prevent complications like bleeding and infection, the basic steps outlined in the rating scale were followed meticulously. The students observed critically what was being demonstrated by the preceptors.

### **Post – Intervention Phase**

The students were left on their own to carry out wound dressing on the patients in the ward under strict supervision by the preceptors who used the rating scale to score them individually. This took about two inter-semester breaks, totalling 12 weeks. The post-intervention questionnaire was administered to the students to see whether their perceptions about preceptorship have changed and their responses were collected within three days.

### **Data Analysis**

All the responses to each item were tallied, totalled and percentages calculated for both the pre-intervention and post-intervention data gathered. The

major items were tabulated and frequency tables drawn. The frequencies were converted into percentages which were used for the data analysis.

The data were processed and analysed using the Statistical Package for the Social Sciences (S.P.S.S) after which it was presented in the form of tables, pie charts and bar charts to find out the implications of the findings in terms of any significant impact it had on the skill of student nurses after the intervention of preceptors.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSION**

This chapter deals with the analysis of the data gathered from respondents on the questionnaires administered. It discusses analysis of both the pre-intervention and post-intervention data gathered.

There are many areas of concern in this analysis. These areas are from the Questionnaire which was used to collect data from 60 students from the Bawku Nurses Training College. The purpose of data analysis according to Massey (1991) is to impose order on a large amount of information so that conclusion can be made and communicated. In this analysis, data were broken into meaningful statistics using pie charts, bar charts and tables.

The data were in two groups: The first set consisted of information meant to find out the performance of student nurses on dummies and the second set was meant to find out whether the intervention of preceptors did bring about any improvement in the dressing of wound in real life situation (on patients) at the male and female surgical wards of Bawku Hospital.

#### **Pre-intervention**

The main problem was to find out whether intervention of preceptors would enhance the performance of nursing students and raise the standard of care being offered to patients. First of all, the Questionnaire administered to the students was on demographic information as well as other information on

preceptors. The data collected were summed up into percentages for easy comparison with those collected in the post intervention period.

The students after classroom session on wound dressing had two weeks practical performance on dummies at the demonstration room. They were later sent to the ward and their performance were rated using a rating scale as they carry out wound dressing on individual basis. The rating scale consisted of five point scales with the low scores reflecting negative performance and the high scores reflecting positive performance (refer to Appendix C).

### **Intervention**

After practical demonstration on dummies, the students were sent to the ward to be involved in a real life situation. The preceptors demonstrated to the students the technique involved in dressing wounds. The students were allowed to return to demonstrate under strict supervision by the preceptors.

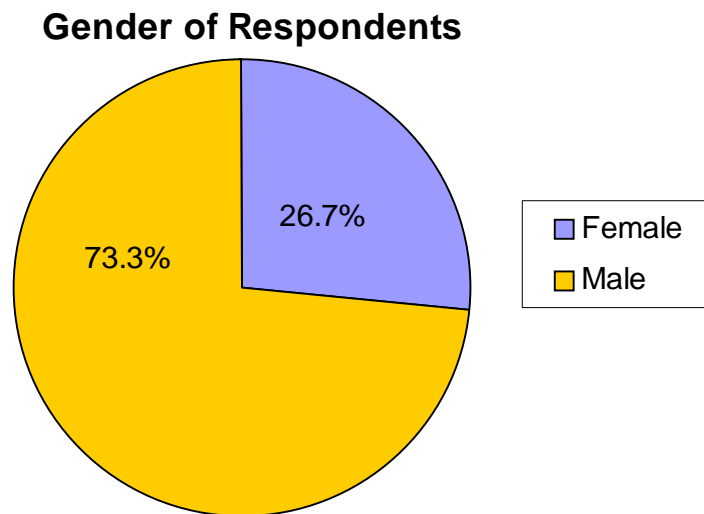
### **Post Intervention**

The post-intervention was to find out whether the intervention of preceptors enhanced the practical skills of student nurses in carrying out wound dressing. Whilst the students were carrying out the wound dressing under strict observation, they were rated by the preceptor using the rating scale provided by the researcher.

## DEMOGRAPHIC DATA

### Gender of respondents

The students were asked about their gender and their responses are shown in figure 2.



**Figure 2**

### Gender of respondents

Figure 2 indicates that 44(73.3%) of the respondents were males and 16 (26.7%) were females.

This is contrary to the belief that nursing is a female dominated profession where they are reluctant to improve upon their professional qualifications by going for future studies to improve their skills and competencies.



### **Age Distribution of Respondents**

In this study, the ages of students ranged from 18 to 27 years old. Table 1 shows the distribution.

**Table 1**

### **Age Distribution of Respondents**

<b>Age Range</b>	<b>Frequency</b>	<b>Percentage</b>
18 – 22	25	41.7
23 – 27	35	58.3
28 – 32	0	0
33 – 37	0	0
38 and above	0	0
Total	60	100

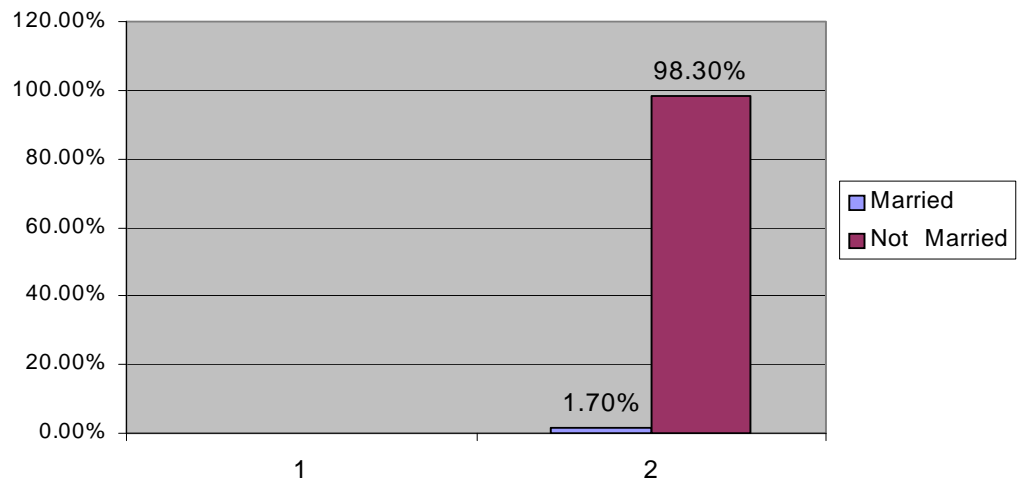
The results revealed that those students of ages 23 – 27 years were already in the profession so they used poor techniques in dressing of wounds.

This is due to the fact that they find it difficult to change from the old style of the procedure which they were familiar with. This is in line with Meng (1995) who stipulated that “a person’s life experiences are stored as information in different brain files similar to computer in filing system”. Therefore, the nurses already in the profession, in processing new information “must search through multiple files to relate the situation to past experiences”.

This confirms the importance of the intervention of the preceptor who with his/her vast experience will help them to expand their practical skills beyond the old style and also strengthen their self confidence.

### **Marital Status of Respondents**

Respondents were requested to state their marital status and their responses are shown in figure 3.



**Figure 3**

### **Marital Status of Respondents**

Figure 3 shows that only 1(1.7%) of the respondents was married. The results revealed that the falling standards of nursing (poor skills of nursing students) is not due to marital problems.

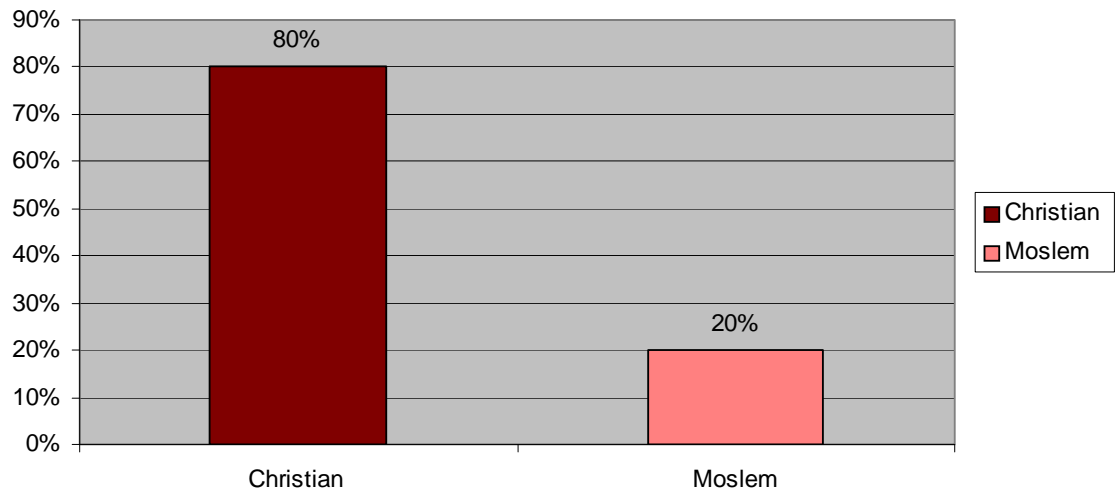
### **Educational Level**

All the students are Senior Secondary School (SSS) graduates so they all have the basic qualifications to be trained as professional nurses and for that

matter, they should be able to acquire knowledge and skills needed to effectively care for patients in the clinical setup.

### **Religious Status**

When respondents were asked about their religious status, they gave the following responses as shown in figure 4.



**Figure 4**

### **Religious Status of Respondents**

Figure 4 shows that 12 (20%) of the respondents were Moslems where as the remaining 48 (80%) were Christians.

The results revealed that all the respondents were religious and this can help enhance their human feelings towards their patients thereby helping to improve good nurse – patient relationship which will ultimately lead to speedy recovery of the patients they care for in the clinical setup.

### **Students with Previous Knowledge in Nursing**

It was enquired from students whether they had previous knowledge in nursing and their responses are shown in Table 2.

**Table 2**

#### **Respondents Previous Knowledge in Nursing**

<b>Previous knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	13	21.7
No	47	78.3
Total	60	100

Table 2 indicates that the highest number of students 47 (78.3%) were without previous knowledge while the remaining 13 (21.7%) had some previous knowledge.

All those who had previous knowledge had two (2) years training in Community Health Nursing.

The findings revealed that those who did not have any previous knowledge in nursing were easier to teach since they have no previous knowledge in nursing. They did not have the problem of changing form the old system of procedure to another as in the case of students with previous knowledge.

It was observed that the Community Health Nurses in training still found it difficult to change from the old system of performing procedures to the new one, therefore, the intervention of preceptors is the right approach to gradually assist

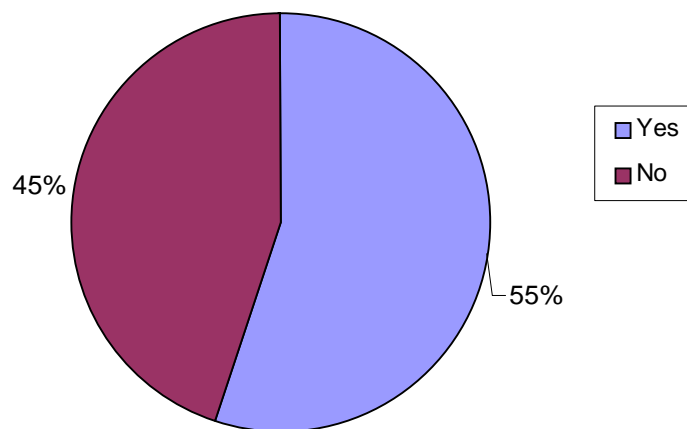
the service personnel to completely meet the practical challenges in the health system.

## RESEARCH QUESTION 1

**What assistance do student nurses get from qualified nurses on the ward?**

**Tutor Responsible for Clinical Experience.**

In reply to whether they had a tutor responsible for clinical experience in the ward, they gave the following responses as shown in figure 5.



**Figure 5**

**Tutor Responsible for Clinical Experience**

As shown in Figure 5, 33 (55%) of the respondents were aware that there is a tutor responsible for clinical experience where as 27 (45%) of the respondents were not aware that there is a tutor responsible for clinical experience.

The 27 (45%) respondents are not aware of the presence of a tutor responsible for clinical experience because they carry out their clinical experience during vacation and outside the region where their school is located. All

respondents think that they need to be supervised at the clinical setting which they were not getting because of lack of preceptors in the Bawku Presbyterian Hospital.

### **Frequency of Supervision by Tutors**

With regards to how often their nursing tutor calls on them in the wards to supervise them, the following responses were given as shown in Table 3.

**Table 3**

### **Frequency of Supervision by Tutors**

<b>Frequency of supervision</b>	<b>Frequency</b>	<b>Percentage</b>
1 – 2 days every week	30	50
3 – 4 days every week	2	3.3
5 days every week	0	0
Not at all	28	46.7
Total	60	100

Table 3 shows that 30 (50%) of the respondents were visited by the tutor responsible for clinical experience 1-2 days every week, 2 (3.3%) were visited 3 – 4 days a week and the remaining 28 (46.7%) were never visited during their clinical experience.

This could be so because most of the students do their clinicals in hospitals far away from their school and for that matter the tutor can not go to hospital outside the Upper East Region to supervise them because of lack of funds to accomplish that task.

### **Length of Supervision**

In response to how long their supervisor stays in the ward, the following responses were given as shown in table 4

**Table 4**

#### **Duration of Supervisors Stay in the Ward**

<b>Duration of supervision</b>	<b>Frequency</b>	<b>Percentage</b>
1 hour	25	76
2 hours	8	24
3 hours	0	0
4 hours	0	0
Total	33	100

Table 4 shows that out of the 33 respondents who had supervision, 25 (76%) were exposed to one (1) hour supervision and 8 (24%) were exposed to only two (2) hours supervision.

The results revealed some weaknesses of the tutors. The tutor, who is responsible for demonstrating to students using dummies at the school's demonstration room, is expected to transfer both theory and demonstrations to a real life situation at the clinical area using human beings.

It is also realised that, because of the increase intake policy embarked upon by the Ministry of Health (MOH), there is a wide gap in the instructor student ratio thereby compelling students to scatter all over the country for their clinical

experience. For that matter, it is difficult for the tutors to reach all of them for supervision.

This is confirmed by Opare (1996) when she challenged that the practice of bridging theory and practice can not be demonstrated due to instructor-student ratio which is usually, about 1:20, but may often be higher. She continued that typical of this situation could be found at the Nurses Training Colleges all over the country, where the tutors are faced with difficulties in relating to large numbers of students, resulting in inability of the tutor to properly supervise students during clinical hours. The findings have shown that student nurses do not get enough assistance from qualified nurses.

## **RESEARCH QUESTION 2**

**How will the use of preceptors improve the practical competence of student nurses?**

### **Contribution of Supervision to Practical Skills**

Respondents' views were sought on whether the presence of a supervisor contributes to their practical skills. Their responses are shown in Table 5.



**Table 5**

**Contribution of Supervision to Practical Skills**

<b>Contribution to practicals</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	55	21.7	60	100
No	5	8.3	0	0
Total	60	100	60	100

As shown in Table 5, in the pre-intervention phase 55(91.7%) of the respondents said that supervision contributes positively to their practical skills but in the post-intervention phase, all the respondents agreed that supervision does contribute to improve their practical skills.

The study has proved that students felt secured with preceptors who are always available and could be relied upon to prevent trial and error that could have a dangerous and sometimes painful effect on patients.

This is also in line with what Hallberg and Norberg (1993) said that supervision provide insight into the substance of caring and equips the learner with strategies of how to act in the nurse-patient relationship to avoid errors.

The researcher infers from these statements that the preceptor, apart from supervising, can direct and shape the student nurse to easily apply theory to practice, set priorities and allow for improvement on the psychomotor skills. This would therefore enhance the quality of care the professional nurse would give to those who depend on his or her service.

### **Best Positive Approach used by Supervisor**

Respondents were requested to state the most positive approach that the supervisor used to facilitate clinical competence. Table 6 outlines the responses given.

**Table 6**

### **Best Positive Approach used by the Supervisor**

<b>Best positive approach used</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Used nursing process	2	3.7	2	3.7
Proper supervision	13	24	45	38
Do it yourself	12	22	0	0
Enforced punctuality	2	3.7	1	1.9
Through demonstration	11	20	3	5.6
Assigned tasks	1	1.9	4	7.4
Explained procedures	3	5.6	3	5.6
Group discussion	2	3.7	3	5.6
Assessed students	8	14.8	4	7.4

Table 6 shows that in the pre-intervention phase 13 (24%) of the responses were for proper supervision where as in the post-intervention phase, 45(83%) of the responses were for proper supervision.

In the study, it is clear that in the pre-intervention phase, responses were distributed widely with proper supervision dominating. But in the post-intervention phase, proper supervision was the overwhelming response. This reinforces the fact that proper supervision is the most positive approach to improve student nurses' practical skills in the clinical setting.

This position is supported by Hinchliff (1986) who states that supervision at the clinical setting assists, guides and supports the student to bridge theory the gap between and practice in the Nurses Training Colleges.

### **Who a Preceptor is**

Students were asked "who is a preceptor?" and the following responses were given as shown in Table 7.

**Table 7****Who a Preceptor is**

<b>Who is a preceptor</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
A ruler	3	5	0	0
One who guides	17	28.3	4	6.7
One who supervises	8	13.3	42	70
An instructor	7	11.7	2	3.3
A teacher	16	26.7	6	10
A helper	6	10	4	6.7
A monitor	1	1.7	0	0
An experienced nurse	2	3.3	2	3.3
Total	60	100	60	100

Table 7 shows that, before the intervention, 17 (28.3%) thought a preceptor is one who guides and 16(26.7%) of them felt a preceptor is a teacher. But after the intervention, 42(70%) of the respondents felt a preceptor is one who supervises.

The findings revealed that many of the students did not know who a preceptor is until they interacted with the preceptors in this study.

### **Who Should Carry Out Supervision**

The respondents were requested to state whom they prefer to assist them meet the practical skills at the clinical area. Their responses are indicated by Table 8.

**Table 8**

### **Who Should Carry Out Supervision**

<b>Who should supervise students</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Tutor	48	80	0	0
Preceptor	12	20	60	100
Total	60	100	60	100

Table 8 shows that 48(80%) of the respondents preferred a tutor to supervise them and 12(20%) of them preferred a preceptor to supervise them before the intervention. But after the intervention, all the respondents preferred a preceptor to supervise them.

From the findings, it has become obvious that the students have come to realise that preceptors have much influence on their practical skills as far as the clinical setup is concerned.

### **Reasons for Choice of a Supervisor**

Respondents were made to offer reasons for their choice of preferred supervisor and the responses they gave are listed in Table 9.

**Table 9****Reasons given for the Choice of Supervisors**

<b>Reasons given for choice</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Will help them pass well	1	1.8	0	0
Preceptor will have more time	7	12.5	55	78.6
Tutor knows students	11	19.6	0	0
Tutor knows syllabus	5	8.9	0	0
Tutor knows what is required	18	32.1	4	5.7
To avoid favour from tutor	1	1.8	6	8.6
Preceptor will be strict	2	3.6	5	7.1
Tutor has experience	4	7.1	0	0
Tutor keeps them on toes	7	12.5	0	0

Table 9 indicates that, during the pre-intervention phase, most of the respondents, 18 (32.1%) were of the view that the tutor knows what is required of them, where as in the post-intervention phase, most of the respondents, 55(78.6%) were of the view that the preceptor will have more time to supervise them.

From the findings, it is clear that the students have changed their view from the tutor to the preceptor after the intervention because they have come to realise that the preceptor will be available for them in the ward than the tutor.

This view is also confirmed by Chickerella and Lutz (1981) when they defined preceptorship as an individualised teaching and learning strategy, in which a student nurse is assigned to one specific preceptor for a period of time in the clinical setting so that she can experience the day to day practice with a resource person immediately available within the clinical setting.

### **Demonstration of Procedures**

Respondents were requested to state how often procedures were demonstrated to them and the responses they gave are indicated in Table 10.

**Table 10**

#### **How often Procedures were Demonstrated to Respondents**

<b>Frequency of demonstration</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
All the time	5	8.3	60	100
Some times	15	25	0	0
Not at all	40	66.7	0	0
Total	60	100	60	100

Table 10 shows that 5 (8.3%) of the respondents were supervised all the time, 15(25%) of them were supervised sometimes and 40(66.7%) of them were

never supervised before the intervention. However, after the intervention, all the respondents were supervised all the time.

The results revealed that supervision was done all the time during the intervention phase and this could account for the increase in confidence exhibited by respondents in the post-intervention phase.

**Opportunity to do Return Demonstration.**

It was enquired from respondents whether they had the opportunity to do return demonstration and the responses they gave are shown in Table 11.

**Table 11**

**Opportunity to do Return Demonstration**

<b>Return demonstration</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	21	35	60	100
No	39	65	0	0
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 11 shows that, during the pre-intervention stage, 21 (35%) of the respondents had the chance to do return demonstration, 39 (65%) of them could not get the opportunity to carry out return demonstration. However, during the intervention, all the respondents had the opportunity to do return demonstration.

The results revealed that, more than half of the respondents could not get the chance to do return demonstration but during the intervention, all the respondents had the chance of doing return demonstration. This could be



attributed to the fact that, they had preceptors to demonstrate to them after which they offered them the opportunity to do return demonstration. From the discussions in this section, it is realised that preceptors help to increase the competencies of student nurses in the ward.

### **Research Question 3**

**What is the impact of access to equipment and materials on the competence of student nurses?**

#### **Contribution of Access to Equipment and Materials to Practical Experience.**

The respondents were asked the question “where you have access to equipment and materials, how do these contribute towards practical experience?”

The responses they gave are shown in Table 12.

**Table 12**

#### **Contribution of Access to Equipment and Materials to Practical Experience**

<b>Contribution of equipment / materials</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Makes practical nursing easy	9	10.8	0	0
Students will get to know equipment	18	21.7	8	12.5
Allows demonstration of procedures	18	21.7	6	9.3

Table 12 continued

Helps to put theory into practice	5	6	4	6.3
Increases speed of work	4	4.8	0	0
It encourages accuracy	7	8.4	4	6.3
It helps improve skills	22	26.5	42	65.6

Table 12 shows that 22(26.5%) of the respondents said that access to equipment and materials help to improve their skills, 18 (21.7%) of them said that it will make students to know the equipment as well as allows demonstration of procedures before the intervention.

However, 42(65.6%) of them said access to equipment and materials will help improve their skills when they were asked after the intervention.

The study revealed that after the invention there was an increase of 20 respondents over the number who said access to equipment and materials would help improve their skills before the intervention. It is then obvious that the availability of equipment and materials would have a significant impact on the performance of student nurses on the wards.

This was supported by Smith (1991) when she said that, how skilful a student nurse may become does not rely solely on supervision but also on equipment and materials to work with. Availability of equipment makes the work easier and therefore, enhances smooth and easy learning. It saves time and procedures are carried out effectively. It therefore motivates and enhances work

output. She also emphasised that it is important that the student nurse has thorough knowledge of and be familiar with the equipment through demonstration by preceptors.

### **How Students Grade their Performance in Wound Dressing**

Students were requested to grade their performance in wound dressing.

The responses they gave are seen in Table 13.

**Table 13**

#### **Respondents Performance in Wound Dressing**

<b>Performance in wound dressing</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Done with hesitation	9	15	0	0
Done without hesitation	16	26.7	0	0
Done with confidence	35	58.3	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 13 shows that before the intervention, 9 (15%) of the respondents said that they could do wound dressing correctly but with hesitation, 16(26.7%) said they could do it without hesitation and 35(58.3%) said they could do it with confidence. But after the intervention, all the respondents said they could carry out wound dressing with confidence.

The result revealed that, during the pre-intervention phase, the respondents had varied competency levels with more than half the number being able to carry

out wound dressing with confidence, but in the post-intervention stage all the respondents were beaming with confidence and this could be due to the fact that they were well supervised by the preceptors during the intervention phase.

Nordgren (1998) confirms this when he asserts that better teaching of theory and practice occur when supervision have direct responsibility for the student's clinical learning experiences, allowing for flexibility in moving students from one learning experience to another.

Barnum (1994) supports Nordgren when she said that, if a nursing theory is to be of any good, it must be practical. She continued that true knowledge should arise from practice, then fold into theory and theory in turn should inform practice. Therefore, for theory, knowledge and practice to fit naturally together, then there must be good supervision. The finding in this section has shown that the access to equipment and materials increases the competencies of the student nurses.

#### **RESEARCH QUESTION 4**

**What are the factors that hinder students' performance in the practical setting?**

#### **Causes of Low Performance of Student Nurses on the Ward**

Respondents were allowed to give reasons for low performance of student nurses on the ward and the responses they gave are shown in Table 14.

**Table 14****Reasons for Low Performance of Student Nurses on the Ward**

<b>Causes of low performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Lack of proper supervision	33	26.8	48	32.9
Lack of equipment	34	27.6	20	13.7
Lack of demonstration room	3	2.4	0	0
Inadequate clinical period	8	6.5	0	0
Lateness to work	5	4	0	0
Haziness of students	14	11.4	10	6.8
Poor relationship	6	4.9	2	1.4
Lack of tutors	2	1.6	0	0
Concentrates on theory	2	1.6	0	0
Lack of self confidence	5	4	2	1.4
Lack of preceptors	4	3.3	48	32.9
Lack of practical exams	3	2.4	4	2.7
Large numbers	2	1.6	12	8.2
Too much errands	2	1.6	0	0

Table 14 showed that during the pre-intervention stage 33(26.8%) of the respondents gave reasons for low performance of student nurses as lack of proper supervision, 34(27.6%) said it is due to lack of equipment, but in the post-intervention phase 48(32.9%) gave reasons like lack of proper supervision and the same number cited lack of preceptors. This could mean that students have come to realise that preceptors have much influence on their practical skills that could lead to improvement on their performance in the ward.

**How Students Manage Lack of Equipment and Materials.**

Students were asked the question, “where you have no access to materials and equipment, how are you able to carry out the clinical procedures?”. The answers they gave are shown in Table 15.

**Table 15**

**How Students Carry Out Clinical Procedures when there is Lack of Equipment and Materials.**

What is done	Pre-intervention		Post-intervention	
	Frequency	Percentage	Frequency	Percentage
Improvise	45	69.2	50	74.6
Borrow from different ward	2	3	10	14.9
Procedures not carried out	4	6	2	3
Learn only theory	2	3	0	0
Follow hospital	3	4.6	0	0

Table 15 continued

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protocol				
Work becomes	5	7.7	5	7.5
difficult				
Become confuse	2	3	0	0
Observe permanent	2	3	0	0
staff				

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Table 15 shows that, before the intervention, 45(69.2%) of the respondents said they improvise where they do not have access to equipment and materials and after the intervention, 50(74.6%) of them also said they improvise when equipment and materials are not available.

The study revealed that, even though, various approaches to lack of equipment and materials were given by the respondents, the greatest of them was that they improvise when the equipment and materials are not available. This could be the major cause of poor performance of student nurses on the ward because they have to improvise less effective equipment because they do not have the correct equipment.

Chirwa (1999) also attested to this when she said that inadequate equipment which forces the nurses to improvise with any thing available to work with, could also be a factor contributing to poor quality care. Despite this, the public expects the nurses to perform to their expectations. She continued that nurses become demoralised with that kind of attitude from the public. Perhaps, the

demoralising effect of this on the nurses might also be a contributing factor to the poor care being rendered to clients/patients.

From the findings in section it is realised that lack of equipment and materials to a large extent hinders the performance of student nurses in the hospital wards. This forces them to improvise with less effective equipment leading to low performance.

### **Research Question 5**

**What can be done to improve the standard of nursing care rendered by student nurses to patients in the ward?**

#### **How to Improve Student Nurses' Practical Skills**

Respondents were requested to list what can be done to improve student nurses' practical skills and their responses are shown in Table 16.

**Table 16**

#### **Steps to Improve Student Nurses' Practical Skills**

<b>How to improve nurses' practical skills</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Appoint practical tutors	2	1.5	0	0
Use correct technique	2	1.5	2	1.3
Fragment visits to wards	12	9.1	10	6.5
Use of preceptors	2	1.5	48	31.1
Proper supervision	39	29.8	42	27.2
Emphasis on practicals	4	3	5	3.2



Table 16 continued

Provide demonstration room	3	2.3	0	0
Continuous demonstration	7	5.3	8	5.1
Time table for practicals	6	4.6	4	2.6
Practical examination	13	9.9	7	4.5
Table 16 continued				
Rapport with ward staff	4	3	2	1.3
Equip demonstration Room	8	6.1	6	3.9
Task assignment	2	1.5	2	1.3
Extend practical period	10	7.6	10	6.5
Use nearby hospitals	5	3.8	1	0.6
Equip library	2	1.5	2	1.3
Willingness to learn	3	2.3	0	0
Counseling of students	2	1.5	1	0.6
Minimize errands	2	1.5	2	1.3
Separate practicals from theory	3	2.3	2	1.3

Table 16 shows that, during the pre-intervention phase, 39(29%) of the responses given were for proper supervision, 13(9.9%) for instituting practical examination and 12(9.1%) were for fragmenting visits to the wards for practical experience. However in the post-intervention phase, 48(31.1%) of the responses were for the use of preceptors and 42(27.2%) were for proper supervision.

The findings revealed that various activities were recommended by the respondents that when these activities are carried out, it will go a long way to

improve student nurses' practical skills. However, before the intervention, the highest number of respondents recommended proper supervision but after the intervention, majority of them recommended the use of preceptors.

This could mean that, they were already aware that they needed supervision to improve their practical skills but it was after the intervention that they realised that it is better for the supervision to be done by preceptors.

The findings in this section has shown that among other things, the use of preceptors to supervise student nurses in the ward will help to improve the standard of nursing care rendered to patients in the ward and this answers the research question 5: What can be done to improve the standard of nursing care rendered by student nurses to patients in the ward?

**Frequency Table for both Pre-Intervention and Post-Intervention Rating of  
Skill in Dressing of Wound**

**Explaining Procedure to Patient**

Explaining procedure to the patient encourages co-operation and alleviates apprehension. This first step is important as it enhances co-operation with the patient and prevents anxiety. Respondents were asked to explain the procedure to the patient. The responses are shown in Table 17.

**Table 17****Technique in Explaining Procedure to the Patient**

<b>Respondents’ performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	0	0	0	0
Step done well without hesitation	0	0	0	0
Step done excellently	60	100	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>100</b>	<b>100</b>

Table 17 shows that all the respondents did very well before the intervention as well as after the intervention. This means that the intervention by the preceptors did not have any impact on this step. The researcher deduced that, all the students performed this step very well because it is the first step done in all procedures carried out at the clinical setting, therefore, students were very familiar with this step.

## Provides Privacy to Patient

Providing privacy allows for relaxation both psychologically and physically and this in turn relaxes tense muscles. The technique used in providing privacy is shown in Table 18.

**Table 18**

### Technique in Providing Privacy to Patient

Respondents' Performance	Pre-intervention		Post-intervention	
	Freq.	Percentage	Freq.	Percentage
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	0	0	0	0
Step done well without hesitation	0	0	0	0
Step done excellently	60	100	60	100
Total	60	100	60	100

Table 18 shows that this step was done very well both in the pre-intervention and post-intervention phases. The intervention did not have any impact on this step as well. However, it revealed the importance the students placed on treating any patient as an individual as well as maintaining the dignity of the patient.

### **Puts on Mask, Prepares and Takes Trolley to Patient's Bedside**

Availability of the equipment at patient's bed side saves time, relaxes the patient and facilitates performance of the task. The steps used in taking the tray and equipment to the bedside is exhibited in Table 19.

**Table 19**

#### **Taking Tray and Equipment to Patient's Bedside**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	16	26.7	0	0
Step done well without hesitation	44	73.3	0	0
Step done excellently	0	0	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 19 shows that 16(26.7) of the respondents performed well but with hesitation, 44(73.3%) of the respondents performed well without hesitation before the intervention but all of them performed excellently after the intervention.

The study revealed that, the intervention of the preceptors had a significant impact as all the respondents performed well after the intervention of demonstration by the preceptors and return demonstration in a real life situation by

the students. The researcher is inferring that perhaps the poor performance before the intervention may be due to unavailability of the equipment at times and therefore, the students were not familiar with them before the intervention.

### **Putting Patient into Desired Position**

Putting the patient into the desired position relaxes the patient and makes it easier for the nurse to have access to the site of the wound. The steps taken to put the patient into the desired position are seen in Table 20.

**Table 20**

### **Putting Patient into Desired Position**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	0	0	0	0
Step done well without hesitation	0	0	0	0
Step done excellently	60	100	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 20 shows that all the respondents performed this task with speed and excellence during pre-intervention as well as post-intervention phases, therefore, the intervention did not have any positive impact on the students.

Although, this task is quite easy, it is equally important as it prevents the patient from becoming uncomfortable and restless which can result in bleeding of the wound.

**Protects Bed Sheets and Exposes Area for Dressing the Wound**

This step is used to ensure that the wound is not contaminated by the bed sheets. Respondents were asked to protect the bed sheets and expose only the area for the dressing of the wound and their actions are outlined in Table 21.

**Table 21**

**Protection of Bed Sheets and Exposes Area for Dressing of Wound**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	15	25	0	0
Step not done well	15	25	0	0
Step done well but with hesitation	20	33.3	0	0
Step done well without hesitation	10	16.7	0	0
Step done excellently	0	0	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 21 shows that, during the pre-intervention phase 15 (25%) of the respondents omitted this step, 15(25%) did it but the technique was not well done, 20(33.3%) did it correctly but with hesitation, 10(16.7%) did it correctly without

hesitation. All the respondents did it excellently during the post-intervention phase. This indicates that, the intervention of the preceptors had a great impact on the students' ability to perform this task perfectly after the intervention.

### **Pouring out Lotion into Gallipots**

The lotions are poured into small containers called gallipots to prevent contamination of the contents of the big bottles. Respondents were made to pour out the lotion into gallipots and the way they performed is shown in Table 22.

**Table 22**

### **Pouring out Lotion into Gallipots**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	0	0	0	0
Step done well without hesitation	60	100	38	63.3
Step done excellently	0	0	22	36.7
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 22 shows that, before the intervention, all the respondents carried out this step correctly without hesitation but after the intervention, 38(63.3%) of the respondents did it well without hesitation and 22(36.7%) did it excellently.



The intervention of preceptors in demonstrating and allowing return demonstration removed fear from the student nurses in handling the big bottles of lotions. The positive impact is significant as 22(36.7%) of the students moved to excellence.

### **Removing Plaster and Bandage**

The soiled dressing, plaster and bandage are removed with dissecting forceps and discarded to pave way for the dressing of the wound. The performances of respondents are seen in Table 23.

**Table 23**

### **Removing Plaster and Bandage**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	38	63.3	0	0
Step done well without hesitation	22	36.7	0	0
Step done excellently	0	0	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 23 shows that before the intervention, 38(63.3%) of the respondents carried out the task well but with hesitation and 22(36.7%) did it well without hesitation but all of them did it excellently after the intervention.

It is clear that there was a positive impact on students' performance of this task by the intervention of the preceptors.

### **Washing and Drying of Hands**

This step is carried out to render the hands free from micro-organisms that may contaminate the wound during the dressing. The performances of respondents are shown in Table 24.

**Table 24**

### **Washing and Drying of Hands**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	30	50	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	22	36.7	0	0
Step done well without hesitation	0	0	0	0
Step done excellently	8	13.3	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 24 shows that, before the intervention, 30 (50%) of the respondents omitted this step, 22(36.7%) did it correctly but with hesitation and 8(13.3%) did it excellently but after the intervention, all the respondents did it excellently.

This proved that there is a massive positive impact of the preceptor intervention on the students' performance of this task.

**Putting on Gloves or using Sterile Forceps**

Gloves are worn or sterile forceps are used to prevent direct contact with the wound which may transfer germs to the wound. The speed by which the steps were carried out is seen in Table 25.

**Table 25**

**Putting on Gloves or using Sterile Forceps**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	16	26.7	0	0
Step done well without hesitation	29	48.3	28	46.7
Step done excellently	15	25	32	53.3
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 25 shows that, before the intervention, 16(26.7%) of the respondents carried out this task correctly but with hesitation, 29(48.3%) did it without hesitation and 15(25%) did it excellently. Mean while, after the intervention,

28(26.7%) of the respondents did it without hesitation whilst 32(53.3%) did it excellently.

It is obvious that the intervention of the preceptors had a significant impact on the students' performance as the number of respondents who did the task with excellence increased from 15(25%) in the pre-intervention stage to 32(53.3%) in the post – intervention stage.

**Removal of Soiled Dressing**

The soiled dressings are removed from the wound to enable the dresser to have access to the wound for the dressing. The performances of respondents in this are shown in Table 26

**Table 26**

**Removal of Soiled Dressing**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	18	30	0	0
Step done well without hesitation	22	36.7	9	15
Step done excellently	20	33.3	51	85
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 26 shows that, before the intervention, 18(30%) of the respondents carried out this task correctly but with hesitation, 22(36.7%) did it without hesitation and 20(33.3%) did it excellently. In the post intervention stage, 9(15%) did it without hesitation and 51(85%) of the respondents carried out the task with excellence.

From the results, it is obvious that there is a significant impact of the intervention on the performance of the students because the number of respondents who did the task excellently increased from 20 (33.3%) before the intervention to 51(85%) after the intervention.

### **Cleaning of Wound**

The wound is cleaned, starting from the wound out wards and using one swab only once. This is to avoid contaminating the wound with impurities from the skin. The techniques the respondents used in performing this step are exhibited in Table 27.

**Table 27**

#### **Technique of Cleaning the Wound**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	50	0	0
Step not done well	20	33.3	0	0
Step done well but with hesitation	33	55	4	6.7
Step done well without	7	11.7	44	73.3

Table 27 continued

hesitation				
Step done excellently	0	0	12	20
Total	60	100	60	100

Table 27 shows that, before the intervention, 20(33.3%) of the respondents did the dressing of the wound but the basic technique was not done well, 33(55%) did it correctly but with hesitation and 7(11.7%) did it without hesitation but none of them did it with excellence.

After the intervention, 4(6.7%) of the respondents did it well but with hesitation, 44(73.3%) did it well without hesitation and 12(20%) did it excellently.

The findings has shown that, the intervention of preceptors had great impact on student nurses' skills of wound dressing because, during the pre-intervention stage, none of the respondents could do the wound dressing with excellence but after the intervention, 12(20%) of the respondents were able to perform the task of cleaning the wound with excellence.

**Cleaning of the Wound until it is clean**

The wound is cleaned with series of cotton wool swabs until the wound is clean. This is to ensure that all dirt and debris are properly removed from the wound. The performances of respondents in this step are seen in Table 28.

**Table 28****Cleaning of the Wound until it is clean**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	50	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	38	63.3	0	0
Step done well without hesitation	22	36.7	0	0
Step done excellently	0	0	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 28 shows that during the pre-intervention stage, 38(63.3%) of the respondents performed this task correctly but with hesitation and 22(36.7%) did it correctly without hesitation, but during the post-intervention stage, all the respondents did it with excellent speed and this indicates that, the intervention of preceptors had a positive impact on the performance of the student nurses on this task.

**Application of Sterile Dressing and Securing it into Position**

Sterile dressings are applied to the wound and strip of plaster or bandages are used to keep the dressing in position. The speed by which respondents performed in this step are shown in Table 29.

**Table 29****Application of Sterile Dressing and Securing it into Position**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	33	55	0	0
Step done well but with hesitation	22	36.7	0	0
Step done well without hesitation	5	8.3	48	80
Step done excellently	0	0	12	20
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 29 shows that before the intervention 33(55%) of the respondents carried out the step but the basic technique was not done well, 22(36.7%) did it well but with hesitation and 5(8.3%) did it correctly without hesitation.

However, after the intervention, 48(80%) of the respondents performed the task without hesitation and 12(20%) did it excellently.

It is obvious that the intervention of the preceptors had a significant impact on the performance of this task by the students as 12(20%) of them performed excellently after the intervention.



### **Thanking and Making Patient Comfortable in Bed**

Thanking and making the patient comfortable in bed facilitates psychological bond and proves the polyvalent aspect of the nurse. The performances of respondents in this step are shown Table 30.

**Table 30**

### **Thanking and Making Patient Comfortable in Bed**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	33	55	0	0
Step not done well	27	45	0	0
Step done well but with hesitation	0	0	0	0
Step done well without hesitation	0	0	0	0
Step done excellently	0	0	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 30 shows that before the intervention 33(55%) of the respondents omitted this step and 27(45%) of them performed it but the basic technique was not done well, but all of them did it with excellent speed after the intervention.

The findings showed that most of the students forgot to thank and make the patient comfortable before the intervention. The positive impact was enormous as all the respondents performed this skill with excellence after the intervention.

The students showed appreciation for the importance of the demonstration and return demonstration.

The researcher is advocating that, some of the students omitted the step because they were in a hurry to go out of the patient’s room as they have finished what they were supposed to do on the patient.

**Discarding Tray and Decontaminating Equipment**

Proper disposal prevents spreading of infection from the patient to the nurse and the nurse to other patients. It is also important to have sterile equipment as stand by for any possible emergency. The performances of respondents in this step are seen Table 31.

**Table 31**

**Discarding Tray and Decontaminating Equipment**

<b>Respondents’ performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	18	30	0	0
Step done well but with hesitation	32	53.3	0	0
Step done well without hesitation	10	16.7	0	0
Step done excellently	0	0	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 31 shows that, during the pre-intervention stage, 18(30%) of the respondents carried out the step but the basic technique was not done well, 32(53.3%) did it correctly but with hesitation and 10(16.7%) did it without hesitation, but all of them did it perfectly after the intervention.

Before the intervention, some of the students did it with discomfort because they were not comfortable with the scent that was produced by the old dressing materials. However, after the intervention, all of them did it with confidence. The preceptors used flexible strategies to win their confidence to perform this task with excellence.

### **Removing Gloves and Screen and Washing and Drying hands**

This last hand washing is done to avoid carrying contamination to the house of the nurse as she leaves the ward. The ways in which the respondents performed in this step are shown in Table 32.

**Table 32****Removal of Gloves and Screen and Washing and Drying of Hands**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	0	0	0	0
Step not done well	0	0	0	0
Step done well but with hesitation	12	20	0	0
Step done well without hesitation	28	46.7	0	0
Step done excellently	20	33.3	60	100
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 32 shows that before the intervention, 12(20%) of the respondents carried out this task well but with hesitation, 28(46.7%) did it without hesitation and 20(33.3%) did it excellently. However, all the respondents did it excellently after the intervention.

**Documenting Procedure/Findings**

It is important to document the fact that the wound had been dressed to prevent another nurse from repeating the procedure. The levels of performances of respondents for this step are shown Table 33.

**Table 33****Documenting Procedure/Findings**

<b>Respondents' performance</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>Freq.</b>	<b>Percentage</b>	<b>Freq.</b>	<b>Percentage</b>
Step omitted	42	70	0	0
Step not done well	10	16.7	0	0
Step done well but with hesitation	8	13.7	0	0
Step done well without hesitation	0	0	14	23.3
Step done excellently	0	0	46	76.7
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 33 shows that before the intervention, 42(70%) of the respondents omitted this step, 10(16.7%) did it but the basic technique was not well done and 8(13.3%) did it well but with hesitation. During the post – intervention stage, 14(23.3%) of the respondents did it well without hesitation and 46(76.7%) did it with excellent speed.

The positive effect of preceptorship was felt by all students chosen for this study. The intervention of preceptors proved that students were relaxed enough to document the procedure as well as any findings observed.

### **Summary of Level of Performance of Respondents**

Respondents were assessed before and after the intervention using a rating scale and their performance is shown in Table 34.

**Rating key:** 0 – This step was omitted

1 – The basic technique was not done well

2 – The technique was performed correctly but with hesitation.

3 – The technique was performed correctly and without hesitation

4 – The technique, speed and style excellent

**Table 34****Summary of Level of Performance of Respondents**

Component task	Rating	Pre-intervention		Post-intervention	
		Frequency	Percentage	Frequency	Percentage
Explains procedure to patient	0	0	0	0	0
	1	0	0	0	0
	2	0	0	0	0
	3	0	0	0	0
	4	60	100	60	100
Provides privacy	0	0	0	0	0
	1	0	0	0	0
	2	0	0	0	0
	3	0	0	0	0
	4	60	100	60	100
Puts on mask, prepares and takes trolley to bedside	0	0	0	0	0
	1	0	0	0	0
	2	16	0	0	0
	3	44	26.7	0	0
	4	0	73.3	60	100

**Table 34 Continued**

**Summary of Level of Performance of Respondents**

Component task	Rating	Pre-intervention		Post-intervention	
		Frequency	Percentage	Frequency	Percentage
Asks assistant to;					
Put patient into desired position	0	0	0	0	0
	1	0	0	0	0
	2	0	0	0	0
	3	0	0	0	0
	4	60	100	60	100
Protect bed clothes and exposes area	0	15	8.3	0	0
	1	15	25	0	0
	2	20	33.3	0	0
	3	10	16.7	0	0
	4	0	0	60	100
Pours out lotion into gallipots	0	0	0	0	0
	1	0	0	0	0
	2	0	0	0	0
	3	60	100	38	63.3
	4	0	0	22	36.7



**Table 34 Continued**

**Summary of Level of Performance of Respondents**

Component task	Rating	Pre-intervention		Post-intervention	
		Frequency	Percentage	Frequency	Percentage
Removes plaster or bandage	0	0	0	0	0
	1	0	0	0	0
	2	12	20	0	0
	3	28	46.7	0	0
	4	20	33.3	60	100
	0	30	50	0	0
Washes and dries hands	1	0	0	0	0
	2	22	36.7	0	0
	3	0	0	0	0
	4	8	13.3	60	10
Puts on gloves or uses sterile forceps	0	0	0	0	0
	1	0	0	0	0
	2	16	26.7	0	00

**Table 34 Continued****Summary of Level of Performance of Respondents**

Component task	Rating	Pre-intervention		Post-intervention	
		Frequency	Percentage	Frequency	Percentage
	3	29	48.3	28	46.7
	4	15	25	32	53.3
Removes soiled dressing with dissecting forceps and discards	0	0	0	0	0
	1	0	0	0	0
	2	18	30	0	0
	3	22	36.7	9	15
	4	20	33.3	51	85
	0	0	0	0	0
Cleans wound with swabs soaked in antiseptic lotion using sterile forceps or sterile gloves, starting from the wound outwards, using one swab only once.	1	20	33.3	0	0
	2	33	55	4	6.7
	3	7	11.7	44	73.3
	4	0	0	12	20
	0	0	0	0	0
Cleans wound with series of swabs until it is clean	1	0	0	0	0
	2	38	63.3	0	0

**Table 34 Continued**

**Summary of Level of Performance of Respondents**

Component task	Rating	Pre-intervention		Post-intervention	
		Frequency	Percentage	Frequency	Percentage
	3	22	36.7	0	0
	4	0	0	60	100
	0	0	0	0	0
Applies sterile dressing and secures into position.	1	33	55	0	0
	2	22	36.7	0	0
	3	5	8.3	48	80
	4	0	0	12	20
	0	33	55	0	0
Thanks and makes, patient comfortable in bed.	1	27	45	0	0
	2	0	0	0	0
	3	0	0	0	0
	4	0	0	60	100
	0	33	55	0	0
Discards trolley & decontaminates instruments	0	0	0	0	0
	1	18	30	0	0
	2	32	53.3	0	0

**Table 34 continued**

**Summary of Level of Performance of Respondents**

Component task	Rating	Pre-intervention		Post-intervention	
		Frequency	Percentage	Frequency	Percentage
	3	10	16.7	0	0
	4	0	0	60	60
Removes gloves, washes and dries hands and removes screen	0	0	0	0	0
	1	0	0	0	0
	2	12	20	0	0
	3	28	46.7	0	0
	4	20	33.3	60	100
Documents and reports state of wound to in charge	0	42	70	0	0
	1	10	16.7	0	0
	2	8	13.3	0	0
	3	0	0	14	23.3
	4	0	0	46	76.7

## **Summary of Findings**

The questionnaires employed during the pre-intervention and post-intervention periods plus the rating scales used during demonstration on dummies as well as on patients at the wards revealed these findings.

Students who were already in the profession used poor techniques in carrying out wound dressing but their colleagues who are without previous knowledge in nursing were easier to teach especially at the clinical setting.

It was realised that the educational background of the students with previous knowledge about nursing did not have any positive impact on their practical performance but rather, it tends to make them resistant to change to the correct but new techniques used by the college.

It was also realised that, the use of one preceptor to ten (1:10) students produced a good result but a lesser ratio would have been better because it would offer more time for the supervision that was done on each student.

It became obvious after the intervention that student nurses attached greater importance to supervision at the clinical setting and therefore, preferred preceptors as their clinical instructors.

The study also showed that, the availability of equipment and materials have a significant impact on the practical skills of student nurses because, it helps to prevent the student from improvising with equipment and materials that are not effective.

It was obvious that, the demonstration of procedures at the clinical setting left a permanent and positive impact on the psychomotor skills of student nurses

as it led to manual dexterity of the student nurses in the handling of patients in the ward.

Finally, it was seen in the study that, the presence of preceptors relieved the student nurses from fears and worries, but gave them confidence and relaxed them to perform better. They also offered them needed corrections on the spot which enabled the student nurses to perform the skills of wound dressing with confidence.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **Overview of the Study**

This chapter deals with the summary of how the study was conducted, the conclusions that were drawn from the findings, the recommendations as well as suggestions for further research. This study attempted to find out whether intervention of preceptors would meet the challenges of health; to raise the standard of care being rendered to patients. The researcher resorted to Action Research Design because he wanted to find out whether preceptorship could have any positive effect on improving student nurses' practical skills.

The population comprised of all students in the Bawku Presbyterian Nurses Training College. The deliberate and purposeful sample of non-probability sampling technique was employed to select 60 final year students consisting of male and female with ages ranging from 18 – 27 years.

Six preceptors were selected with the help of the ward in charges of the various units of the hospital. The study was carried out in the surgical wards where almost every patient was on dressing of wounds. The duration of the study was two academic terms.

During the pre-intervention phase, a conference was organised involving the researcher, preceptors and the selected students after which the students were shared among the six preceptors. Three preceptors and three groups of students

were sent to the male surgical ward and the other three preceptors and three groups of students were sent to the female surgical ward.

At this stage, the pre-intervention rating was done by the preceptors whilst the researcher administered the pre-intervention questionnaire.

During the intervention phase, the preceptors demonstrated the skills of wound dressing, observing aseptic technique to the respective group under their supervision as the students observed keenly.

During the post-intervention phase, the students were left on their own to carry out wound dressing on the patients in the ward under strict supervision by the preceptors who used the rating scale provided to score them individually. The post-intervention questionnaire was also administered to the students to see whether their perceptions about preceptorship had changed.

The data collected during pre-intervention and post-intervention phases were analysed, evaluated and compared to find out whether with the intervention of preceptors, the student nurses have gained more practical knowledge and skills at the clinical setting to enhance their performance to raise the standard of nursing care.

### **Summary of Major Findings**

Some of the revealed findings were that, the students who were already in the profession used poor techniques in carrying out the wound dressing but their colleagues who were without previous knowledge in nursing were easier to teach especially at the clinical setting.



It was also realised that the use of one preceptor to ten (1:10) students produced a good result but a lesser ratio would have been better because it would offer more time for the supervision that was done on each student.

It was seen in the study that, the presence of preceptors relieved the student nurses from fears and worries, gave them confidence and relaxed them to perform better, offered them needed corrections on the spot which enabled the student nurses to perform the skills of wound dressing with confidence.

### **Conclusions**

The findings of this study showed that the problem of poor nursing care being rendered to patients lies exclusively in the domain of poor supervision and lack of demonstration at the clinical setting.

Nurse educators have shirked their responsibility of translating theory into practice from the classroom and the demonstration room to a real life situation at the clinical setting. It is the duty of the nurse educators to supervise at the clinical setting in order to assist, guide and give the needed support to the student nurse at the training institution to bridge the gap between theory and practice. This is not being properly done and their reasons are that, they are faced with difficulties in relating to the large numbers of students resulting in the inability to supervise the students during clinical hours.

Fentz (1991) disagrees with this when he pointed out that, even though, there is occasional shortage of staff, it is important to note that patients do not give out their rights to quality health care. He continued that, there should be a creation

of a support system to avoid ineffectiveness, loss of commitment as well as insecurity.

Therefore, bridging the gap between theory and practice in the Bawku Nurses Training College, there is the need to put in place a preceptorship model. This will help the student nurse to translate knowledge into practice and develop his or her psychomotor skills.

### **Recommendations**

The following Recommendations are made based on the findings of the study:

1. Adequate tools, materials and equipment should be provided or issued from ward stores for use in the wards by the Bawku hospital management.
2. The principal and his / her tutors should strengthen clinical supervision of students so as to help student acquire skills for greater efficiency in their practice.
3. There is the need for a preceptor model to be instituted in the college to bridge the gap between theory and practicals in the clinical area to improve in the practical approach to the practice of nursing.
4. The nurse educator, despite her tight schedule needs to devote some time to liaise with preceptors at the clinical area.
5. The clinical instructor-student ratio of about 1:22 is far from being satisfactory, so there is the need to improve upon this if nurses are to provide high quality care to patients by training more clinical instructors.
6. Clinicians and nurse educators should recognise and capitalise on demonstration as the best approach to effective professional development.

### **Suggestions for Further Research**

Perhaps, the best way to assess the performance of student nurses could have been when they have secured jobs after school. It is therefore, suggested that a follow up research should be conducted on a group of students from the Bawku Presbyterian Nurses Training college after they have completed their courses and they are in the field of work.

This study was done on only dressing of wounds, therefore, it is further suggested that, a study should be done on other procedures like injection, administration of oral drugs, care of tracheotomy tube, paracentesis abdominis and care of under water seal drainage.

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## APPENDIX A

### PRE-INTERVENTION QUESTIONNAIRE

This questionnaire is designed to find out how preceptorship influences the student nurse with respect to the practical skills. You are kindly requested to complete the questions with out seeking assistance from any one. **Please Note**

This is an academic exercise and the responses to the questionnaire will be kept **STRICTLY CONFIDENTIAL**

Please tick with the mark [√] where possible or give your response in the space provided.

**DATE:**.....

**QUESTIONNAIRE**

**No.:**.....

#### BIOGRAPHIC DATA

1. gender – Male [ ]  
– Female [ ]
2. Age 18 – 22 [ ]  
23 – 27 [ ]  
28 – 32 [ ]  
33 – 37 [ ]  
38 and above [ ]
3. Marital status [ ]  
Married [ ]  
Single [ ]  
Divorced [ ]

Other specify .....

4. Educational level – G.C.E. “O” Level certificate [ ]

– S.S.S. Certificate [ ]

Others specify .....

5. Religious status

Christian [ ]

Moslem [ ]

Pagan [ ]

Traditional worshiper [ ]

Others

specify.....

6. Have you had any previous knowledge in nursing?

Yes [ ]

No [ ]

7. If yes to Q6, which branch of nursing?

Registered nursing [ ]

Community health nursing [ ]

Enrolled nursing [ ]

Pupil midwife [ ]

8. Do you have a nursing tutor responsible for your clinical experience?

Yes [ ]

No [ ]

9. Do you think you need to be supervised at the clinical setting?

Yes [ ]

No [ ]

10. How often does your nursing tutor call on your ward to supervise you?

1 – 2 days every week [ ]

3 – 4 days every week [ ]

5 days every week [ ]

11. How long does he /she stay on the ward to supervise you?

1 hour [ ]

2 hours [ ]

3 hours [ ]

4 hours [ ]

12. Does the presence of a supervisor contribute to your practical skills?

Yes [ ]

No [ ]

13. State the most positive approach that the supervisor used to facilitate

clinical competence.....

.....

.....

.....

.....

14. Who is a preceptor? Answer in one sentence.....

.....  
.....  
.....

15. Whom do you prefer to assist you meet the practical skills at the clinical area?

Tutor [ ]

Preceptor [ ]

16. Give reason(s) for any one selected in question 15.....

.....  
.....  
.....

17. On the wards where you are supervised how often are the procedures demonstrated to you by the supervisor?

all the time [ ]

some times [ ]

not at all [ ]

18. Do you have the opportunity to do return demonstration unassisted but under supervision?

No [ ]

Yes [ ]

19. If yes to question 18, how often?

All the time [ ]

Some times [ ]

Not at all [ ]

20. Where you have access to equipment and materials, how do these contribute towards practical experience?

.....  
.....  
.....  
.....

21. How do you grade your performance in wound dressing?

Procedure carried out with hesitation [ ]

Procedure carried out without hesitation [ ]

Procedure carried out with confidence [ ]

22. What do you think accounts for the low performance of student nurses on the word.....

.....  
.....  
.....  
.....

23. Where you have no access to materials and equipment, how are you able to carry out the clinical procedures?

.....  
.....  
.....  
.....  
.....

24. What can be done to improve student nurses' practical skills?

.....  
.....  
.....  
.....  
.....  
.....

Thank you for participating in this study.

## APPENDIX B

### POST-INTERVENTION QUESTIONNAIRE

This questionnaire is designed to find out how preceptorship influences the student nurse with respect to the practical skills.

You are kindly requested to complete the items with out seeking assistance from any one.

#### **Please Note**

This is an academic exercise and the responses to the questionnaire will be kept

#### **STRICTLY CONFIDENTIAL**

Please tick with the mark [✓] where possible or give your answer in the space provided.

1. Did you stay in the study during the whole period?

Yes [ ]

No [ ]

2. Did the presence of preceptor contribute to your practical skills?

Yes [ ]

No [ ]

3. Could you follow the steps of the procedure without any supervision?

Yes [ ]

No [ ]

4. How did you grade your performance after the intervention of the preceptor?

Procedure correctly carried out with hesitation [ ]

Procedure correctly carried out without hesitation [ ]

Procedure correctly carried out with confidence [ ]

5. Do you think you need to be preceptored at the clinical setting?

Yes [ ]

No [ ]

If yes give reasons

.....  
.....  
.....  
.....

If no give reasons.....

.....  
.....  
.....  
.....



6. Who is a preceptor? Answer in one sentence.....

.....  
.....  
.....  
.....

7. Whom do you prefer to assist you meet the practical skills at the clinical area?

Tutor [ ]

Preceptor [ ]

8. Give reason(s) for any one selected in question 7.....

.....  
.....  
.....  
.....  
.....

9. On the wards where you are supervised how often are the procedures demonstrated to you by the supervisor?

all the time [ ]

some times [ ]

not at all [ ]

10. Do you have the opportunity to do return demonstration unassisted but under supervision?

No [    ]

Yes [    ]

11. If yes to question 10, how often?

All the time [    ]

Some times [    ]

Not at all [    ]

12. Where you have access to equipment and materials, how do these contribute toward practical experience?

.....  
.....  
.....  
.....  
.....  
.....

13. What do you think accounts for the low performance of student nurses on the ward.....

.....  
.....  
.....  
.....  
.....

14. Where you have no access to materials and equipment, how are you able to carry out the clinical procedures?

.....  
.....  
.....  
.....

15. What can be done to improve student nurses' practical skills?

.....  
.....  
.....  
.....  
.....  
.....

16. State the most positive approach that the preceptor used in facilitating clinical competence.....

.....  
.....  
.....  
.....  
.....

Thank you for participating in this study.

**APPENDIX C**  
**RATING SCALE**

Nurses and Midwives Council for Ghana. observation instrument (rating scale) for students.

Serial no: ..... Ward: .....

Task: Wound dressing

Rating key: 0 – This step was omitted

1 – The basic technique was not done well

2 – The technique was performed correctly but with hesitation.

3 – The technique was performed correctly and without hesitation

4 – The technique, speed and style excellent

**Instruction :** For each step, draw a circle around the appropriate numeral to indicate the candidate’s level of performance.

<b>COMPONENT TASK</b>	<b>RATING</b>
Explains procedure to patient	0 1 2 3 4
Provides privacy	0 1 2 3 4
Puts on mask, prepares and takes trolley to bedside	0 1 2 3 4
Asks assistant to:	
Put patient into desired position	0 1 2 3 4
Protect bed clothes and exposes area	0 1 2 3 4
Pours out lotion into gallipots	0 1 2 3 4

Removes plaster or bandage	0	1	2	3	4
Washes and dries hands	0	1	2	3	4
Puts on gloves or uses sterile forceps	0	1	2	3	4
Removes soiled dressing with dissecting forceps and discards.	0	1	2	3	4
Cleans wound with swabs soaked in antiseptic lotion using sterile forceps or sterile gloves, starting from the wound outwards, using one swab only once.	0	1	2	3	4
Cleans wound with series of swabs until it is clean	0	1	2	3	4
Applies sterile dressing and secures into position.	0	1	2	3	4
Thanks and makes, patient comfortable in bed.	0	1	2	3	4
Discards trolley & decontaminates instruments	0	1	2	3	4
Removes gloves, washes and dries hands and removes screen	0	1	2	3	4
Documents and reports state of wound to in charge	0	1	2	3	4

Criterion score: 36

Score obtained .....

Pass / Fail .....

APPENDIX D

# PRESBYTERIAN HEALTH SERVICES

## NORTHERN PRESBYTERIAN

**Bankers:**

Ghana Commercial Bank  
Telegram: Nursing Training  
Bawku

Our Ref

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Nurses Training  
College  
P.O. Box 45  
Bawku, U.E. Region

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Deputy Director of Nursing Services (Gen.)  
Presbyterian Hospital  
P.O. Box 45  
Bawku, U. / E. Region.

Dear Sir/Madam,

### REQUEST FOR PERMISSION TO CARRY OUT A RESEARCH

I am a student of the Institute for Educational Planning and Administration (I.E.P.A.) of the university of Cape Coast. As part of the course work for the award of M.Ed. Administration, I am conducting a study on how to improve the practical/clinical skills of Student Nurses through the use of preceptors in the Bawku Presbyterian Hospital.

I therefore write to seek for your permission to conduct the study in the two surgical wards of the Hospital (Male Surgical Ward & Female Surgical Ward). I would be grateful if you could identify six experienced nurses who will act as preceptors for the study.

I am counting on your usual co-operation for a favourable response.

Thank you.

Yours faithfully,

(DARBO MAHAMA)

# DEDICATION

Dedicated to Scott and Trudy.